

The Role of 6th-8th Grade English Language Arts Curriculum in Transmitting Messages
About Mental Health

Thesis

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By

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Abstract

Mental illness is a serious issue facing numerous children in the U.S. Without early intervention, childhood mental illness can lead to lifelong negative outcomes which are painful for the child, their family, and their community. Research shows that both exposure to stigmatizing messages and a lack of information about mental health prevent individuals from seeking needed treatment and that such messages might be present in the school setting where children spend the majority of their time.

The following study explores the presence of mental health-related messages in sixth through eighth grade English Language Arts (ELA) classes that can have an impact on help-seeking behaviors among students. This mixed-methods exploratory study aims to determine whether sixth through eighth grade ELA classes could be utilized to improve mental health literacy and outcomes in young people. The first part of the study includes a qualitative content analysis of ELA curriculum materials, with a focus on mental health-related themes and messages. The second part of the study involves collecting quantitative data via a survey of sixth through eighth grade ELA teachers to assess their experiences, knowledge, and attitudes about mental health.

ELA curriculum materials were expected to include stigmatizing messages about mental health, but a content analysis of four books and one short story suggests that some materials can also provide students with positive messages. Several of the 62 survey

participants report that students have been prompted to seek help for mental health concerns based on topics presented in curriculum materials, and participants had overall favorable attitudes toward individuals with mental illness. These results offer the hope that children are receiving positive messages regarding mental health issues from their ELA classes that can prompt help-seeking behaviors in the event that there is a need for treatment.

Dedication

I dedicate this research to all those struggling with mental health symptoms in silence due to stigma. It is my hope that this study will make a small contribution toward the eradication of this stigma and the creation of a world in which no one is ashamed of their own thoughts and feelings.

Acknowledgments

I would like to thank Jennie Babcock, Dr. Audrey Begun, and the College of Social Work for supporting me throughout the process of completing this research project. I would also like to thank my family for their encouragement along the way. I would especially like to thank Dr. Joe Guada, my research mentor, for his patience, insight, and dedication to my success and to the field of mental health.

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Chapter 1. Introduction

Literature Review

Childhood Mental Illness

One in five adolescents lives with a serious mental illness, and half of all lifetime mental illnesses cause symptoms prior to age fourteen (National Alliance on Mental Illness [NAMI], n.d.). While early intervention is known to be the key to preventing long-term negative outcomes (National Institutes of Health [NIH], 2016), an average of eight to ten years elapses between the onset of symptoms and the initiation of treatment (NAMI, n.d.). Without treatment, symptoms continue to worsen and cause significant impairment, leading half of adolescents with serious mental illnesses to drop out of high school, frequently becoming involved with the social welfare and/or correctional systems (NAMI, n.d.; Lechtenberger, Mullins, & Greenword, 2008). These negative long-term outcomes which are devastatingly normal among individuals with mental illness have led the financial disease burden of mental illness to be slightly higher than that of cancer (Lechtenberger at al., 2008). One likely cause of low early intervention rates which lead to these harmful outcomes is the negative stigmatizing attitudes held by the general public toward individuals with mental illness.

Mental Health Stigma

Research shows that mental health stigma, defined as negative prejudice and discrimination by the general public towards individuals with mental illness, is a significant factor which prevents individuals from seeking help for mental health-related symptoms (Corrigan, Druss, & Perlick, 2014). Adults in the general public tend to have negative views toward individuals with mental illness (Wahl, 2002), and although their knowledge about mental illness appears to have increased in recent years, their attitudes have not improved (Losinski, Maag, & Katsiyannis, 2015).

Stigma Development

Studies of children's attitudes toward individuals with mental illnesses suggest that children hold negative views of these individuals from a very young age, as early as seven or eight years, before a clear understanding of mental illness has even developed (Wahl, 2002). Children tend to lack adequate knowledge about mental illness, but to hold negative views of individuals with mental illness anyway (Wahl, 2002). More specifically, one study suggests that children associate mental illness with violence and volatility (Lovett, Tamkin, & Fletcher, 2011).

A recent systematic review of studies investigating sources which transmit messages about mental illness to children found that very limited research has been done in this area, and the lack of systematic, high-quality methodology in the body of research which does exist limits its usefulness (Mueller, Callanan, & Greenwood, 2016). Despite the limited nature of the evidence synthesized in this systematic review, some conclusions and suggestions for future research are presented. Overall, authors describe

the presence of “silence and stigmatized messages across young children’s social contexts” (Mueller et al., 2016, p. 68).

Mueller et al. (2016) emphasize the importance of the context in which messages about mental illness, stigmatizing or otherwise, are presented to children. The authors state that “when negative attitudes are suppressed or ambivalent, unconscious processes of attitude transmission are likely to be most potent” (Mueller et al., 2016, p. 68). While this systematic review did not include studies which consider context, previous research suggests that context, including the attitudes and messages communicated by parents, teachers, and other significant adults, is an important element to consider when determining whether messages are likely to contribute to stigma development (Mueller et al., 2016). Finally, the authors came to the overall conclusion that much more research is needed to make any meaningful conclusions about the presence of stigmatizing messages in children’s environments and their impact on stigma development (Mueller et al., 2016).

Role of Media

Mass media is considered to be the main source of information for people in the United States, and information about mental illness is no exception (Wahl, 2002). Several studies suggest that media is the most important source of information and messages which contribute to stigma against individuals with mental illness, particularly in young people (Lovett et al., 2011; Mueller et al., 2016; Wahl, 2002).

Importance of Schools

Because schools are typically easily accessible locations to which attendance is mandatory for most children and adolescents in the United States, they have been identified in a wide body of research as an ideal location for mental health education, prevention, and early-intervention efforts (Lechtenberger et al., 2008; Losinski et al., 2015; Mueller et al., 2016; Walter, Gouze, & Lim, 2006). In fact, one study estimated that over three quarters of students needing mental health services receive these services only at school (Walter et al., 2006). Still, despite federal efforts to increase the role schools play in not only responding to acute mental health crises but also providing for prevention and early intervention services (Losinski et al., 2015), early intervention rates in schoolchildren remain alarmingly low (NAMI, n.d.).

Teachers' Knowledge and Attitudes

Young people's attitudes and behaviors regarding mental health are impacted by the knowledge, attitudes, and behaviors of the significant adults in their lives (Mueller et al., 2016). This means that the knowledge, attitudes, and behaviors of school staff, particularly teachers who spend time with students regularly, can impact students (Lechtenberger et al., 2008). Despite this, a literature review revealed very limited existing research regarding teachers' knowledge about and attitudes toward mental illnesses and affected individuals.

Only one study was located which surveyed current teachers in the United States, but it was more of a needs assessment than an assessment of knowledge and attitudes (Moon, Williford, & Mendenhall, 2017). In this study, teachers expressed that childhood

mental health is a serious issue facing their students and that they need more training about mental illness (Moon et al., 2017). One other study examined the knowledge and attitudes of pre-service teachers in the United States, finding that participants tended to have positive views toward individuals with mental illness, but lacked an ability to correctly identify symptoms of several common mental illnesses (Losinski et al., 2015). This is not particularly surprising, as preservice teachers tend to receive very limited training about mental illness (Lechtenberger et al., 2008).

Two additional studies surveyed teachers about their students' mental health in Australia (Jorm, Kitchener, Sawyer, Scales, & Cvetkovski, 2010; Mazzer & Rickwood, 2015). A major finding of both studies, which is consistent with previous research, is that teachers recognize that they need more training about mental health in order to feel prepared to help their students to succeed (Jorm et al., 2010; Mazzer & Rickwood, 2015).

Ohio Schools

According the Ohio Department of Education, health education curriculum in Ohio is not standardized across districts, although Ohio law directs Ohio schools to include certain topics in their curriculum (Ohio Department of Education, 2017a). In late 2017, the passage of House Bill 367 led to the adaptation of opioid abuse prevention curriculum requirements for health education in all Ohio schools at all grade levels (Ohio Department of Education, 2017b). Other topics which health curriculum must include are nutrition, the harmful effects and legal restrictions of drugs and alcohol, sexually transmitted infections, personal safety (in Kindergarten through sixth grade), dating

violence (in seventh through twelfth grade), and organ donation (Ohio Department of Education, 2017a).

While some information about drug and alcohol use must be presented in Ohio health classes, schools are not required to teach about the emotional and psychological distress which, according to the current Diagnostic and Statistical Manual of Mental Disorders, typically underlie and accompany substance use disorders (American Psychiatric Association [APA], 2013). Schools are encouraged to adapt their health education curricula to meet the unique needs of their student bodies, but they are not required to formally educate their students about any aspect of the common mental health disorders which impact one in five children and adolescents in the United States (Ohio Department of Education, 2017a; NAMI, n.d.).

In addition to schools not necessarily teaching students about mental illness in health classes, students are only required to take one semester of health class in high school as a condition for graduation. While school districts are directed to offer health education in earlier grades, it is often offered as an elective course which is not required of all students. This means that health education is only presented to all students in high school, after many mental health symptoms have already developed (NAMI, n.d.). Even then, students do not necessarily learn about mental illness.

Gaps in Research

As noted above, existing research clearly establishes that childhood mental health disorders are often not effectively treated, leading to devastating outcomes (NAMI, n.d.; NIH, 2016). Existing research also shows that children tend to have stigmatizing views of

individuals with mental illness from a very young age (Wahl, 2002), and this is theorized to decrease help-seeking behaviors, thereby worsening outcomes (Corrigan et al., 2014). Additionally, a significant body of research supports the use of schools as settings for interventions to decrease stigma and improve mental health outcomes (Lechtenberger et al., 2008; Losinski et al., 2015; Mueller et al., 2016; Walter et al., 2006), and the importance of teacher's attitudes and knowledge is emphasized, although not widely investigated (Lechtenberger et al., 2008; Moon et al., 2017).

There is a lack of research about the sources of stigmatizing messages transmitted to children, although the importance of messages from media sources and significant adults, such as teachers, is known (Mueller et al., 2016; Lechtenberger et al., 2008). In Ohio, the lack of standardized, formal mental health-related education in schools suggests that indirect messages about mental health from other sources shape young Ohioans' knowledge and attitudes about mental illness. Therefore, research about these indirect messages in Ohio students' environments is particularly pertinent.

Purpose and Aims of Study

Media plays a major role in the development of stigma in young people, and in a world of diverse entertainment and news sources, perhaps the most standardized media to which students in Ohio are exposed is in English Language Arts (ELA) classes. Because these are media-rich core courses which all students must take, they also serve as a vehicle by which, in the absence of formal mental health education, standardized messages about mental health might be communicated to students. This study focuses specifically on ELA classes in sixth through eighth grade because students take these

classes in the years leading up to their fourteenth birthday, before which over half of lifetime mental illnesses have already caused symptoms (NAMI, n.d.). Therefore, the messages which shape students' knowledge, attitudes, and behaviors regarding mental illnesses are of critical importance during this time. Because teachers, as significant adults in students' lives, also play a role in the development of their attitudes toward individuals with mental illness, this study will also examine the attitudes and knowledge of sixth through eighth grade ELA teachers.

The purpose of this study is to explore the current role of Central Ohio sixth through eighth grade ELA classes in transmitting messages about mental health to students. This mixed-methods study has two major parts, including a qualitative and quantitative component. The results of both parts of the study will be synthesized to establish a clear picture of the current role of these classes in transmitting mental health-related messages to students.

The aim of the qualitative component, Part 1, is to conduct a content analysis of sixth through eighth grade ELA curriculum materials, exploring the presence of messages in three specific categories. These categories are: (1) characters with symptoms of mental health disorders, (2) stigmatizing language, and (3) helpful and unhelpful messages about experiencing and seeking help for mental health symptoms.

The aim of the quantitative component, Part 2, is to survey sixth through eighth grade ELA teachers in Central Ohio public schools about three specific topics. These topics are: (1) their personal and professional experiences related to mental health, (2)

their knowledge about mental health, and (3) their attitudes towards individuals with mental health disorders.

Chapter 2. Methods

Part 1: Qualitative (Content Analysis)

Part 1 involved a content analysis of materials which are used in sixth through eighth grade ELA classes in Central Ohio public schools. Materials were chosen based on curriculum materials lists on school websites, suggested materials on the Ohio Department of Education's website, and input from teachers answering an open-answer question about possible materials of interest as part of the quantitative survey noted in Part 2 below. Five materials were selected, including one short story and four books. The short story was *The Tell-Tale Heart* (Poe, 2008), and the books were *Hoot* (Hiaasen, 2002), *The Giver* (Lowry, 1993), *The Outsiders* (Hinton, 2012), and *A Wrinkle in Time* (L'Engle, 1962). Materials were analyzed for themes and messages related to mental health.

Relevant themes and messages were recorded and then categorized using open coding and following the inductive content analysis methodology outlined by Elo and Kyngäs (2008). Methodology was also informed by a study which explored depictions of mental health disorders in children's television programs (Wahl, Hanrahan, Karl, Lasher, & Swaye, 2007). Wahl et al. specifically investigated several categories of messages, including the presence of characters with mental health symptoms, stigmatizing language regarding mental health, and characters' experiences with mental health treatment (Wahl et al., 2007).

In the present study, messages in each of the aforementioned categories were noted when found in the text of the book or story. The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (APA, 2013) was used in conjunction with a list of common childhood mental health symptoms (NIH, 2016) to identify characters with mental health symptoms in the material analyzed. Stigmatizing language, as well as the context in which it was used, was recorded and analyzed based on the methodology used by Wahl et al. (2007). Finally, potentially helpful or unhelpful messages about mental illness and treatment were also identified and analyzed, including any related interactions between young characters and adults. For example, if a young character spoke to a school counselor, teacher, or parent about a mental health symptom, the nature of the interaction and its results were analyzed. Identification and analysis of helpful and unhelpful messages was also informed by the methodology used by Wahl et al. (2007).

Each material was first read and annotated. All annotations and identifications of messages and themes were done by sight and hand-counting. No software products were used in this process. Annotations included identification of themes and messages as well as a record of thought processes and rationales for what was identified. Excerpts of this record and of the corresponding materials were randomly cross-checked by a faculty advisor whose area of scholarship includes mental health research. This cross-check was designed to ensure that themes and messages were being effectively identified, as suggested in the content analysis methodology laid out by Brooks and McNair (2015).

Materials and annotations were then read again, and annotations were coded. Identified messages were first separated into categories based on those used by Wahl et

al. (2007), and then further coded based on topic and context. When messages about characters with symptoms of a mental illness were identified, they were grouped by diagnostic category, and then the total number of references to symptoms of different diagnostic categories in each material was calculated. Stigmatizing language was coded based on the context in which it was used and possible implications, as described by Wahl et al. (2007). Helpful and unhelpful messages were coded based on whether they involved an attempt to seek treatment and details about context and outcomes.

Part 2: Quantitative (Survey)

Part Two included an anonymous online survey of sixth through eighth grade ELA teachers from Central Ohio public schools. Efforts were made to include participants from a variety of schools with diverse student populations. To be eligible, participants had to teach English Language Arts (ELA) to students in grades 6, 7 and/or 8 in a Central Ohio public school. For the purposes of this study, Central Ohio public school districts were defined as those districts listed on the Ohio State University College of Medicine's list of Central Ohio School Districts (The Ohio State University College of Medicine, n.d.). Participants were included even if they taught multiple subjects as long as ELA was one of them. Teachers who specialize in certain student populations, such as English Language Learners, Special Education, or Gifted Education, were included as well, although they were asked to identify these special populations in the survey.

Principals of eligible schools were contacted and asked for permission to contact ELA teachers. If permission was given by school principals, email invitations with hyperlinks to the online survey were sent to potentially eligible teachers using email

addresses listed on school websites and/or provided by the principal. Regular reminder emails were sent subsequently to encourage participation. The survey was administered at only one time point and data is cross-sectional.

The survey was divided into three sections. The survey began with a consent script to which participants had to agree before beginning to answer questions. The first section started with an eligibility question which asked participants whether they met the eligibility criteria of being a sixth through eighth grade ELA teacher. This question was followed by eighteen additional questions which asked participants questions regarding personal and school characteristics, mental health knowledge, and mental health-related experiences while teaching sixth through eighth grade ELA. Most of these questions were multiple choice or short answer, and two were open-answer. Teachers were asked what messages about mental health, if any, can be found in the materials they use in class, and how much communication they have with their students about mental health. This section of the survey mainly assessed participants' experiences, both personal and professional, with mental illness, although it also included questions which related to mental health knowledge. Data from this section was analyzed with measures of central tendency and, for open-answer questions, open coding and word counting.

The second section of the survey asked participants to rate the level of concern they would feel about a child or teen's mental health if he or she demonstrated each of a list of seventeen warning signs of mental illness in young people. This list is from the National Institutes of Health (NIH, 2016). Symptoms on the list match the criteria for a number of mental illnesses which impact children and teens, ranging from attention

deficit hyperactivity disorder (ADHD) to various mood and anxiety disorders, conduct disorders, substance use disorders, and disorders causing psychosis (APA, 2013). This section of the survey assessed participants' knowledge about mental health disorders, and the data was analyzed using measures of central tendency.

The final section of the survey included an adaptation of Taylor and Dear's Community Attitudes Toward the Mentally Ill (CAMI) instrument which was used to measure participants' attitudes toward individuals with mental illness (1981). The CAMI was chosen because it is considered to be one of the best scales for measuring individuals' attitudes toward those with mental illness (Wahl, 2002). It was also recently used to assess the attitudes of a population of pre-service teachers (Losinski et al., 2015), a population similar to the population of interest in the present study. The instrument includes four subscales: authoritarianism, benevolence, social restrictiveness, and community mental health ideology.

Taylor and Dear's original study tested the scale's psychometric properties (1981). The Cronbach's alphas for all four subscales are 0.68 or greater and all but one, authoritarianism, are above 0.7. In other words, all of the subscales have acceptable levels of reliability, with three of the four having high levels. To determine the instrument's construct validity, Taylor and Dear (1981) used factor analysis and then calculated Pearson's correlation coefficients to determine levels of correlation between factor scores and raw scores on each of the instrument's subscales. This analysis showed high levels of correlation between factor scales and the four subscales, meaning that the instrument has high construct validity.

Taylor and Dear (1981) tested for external validity by gathering demographic data from participants and then comparing results on the instrument based on various characteristics. Previous research shows tendencies for certain groups to have more favorable or unfavorable views toward individuals with mental illness, and it was found that these groups' results on the CAMI were consistent with expectations, thus supporting the scale's external validity (Taylor & Dear, 1981).

The community mental health ideology subscale was dropped from the survey administered to teachers in the present study because of outdated items regarding attitudes toward the presence of group homes and treatment facilities in residential areas. This subscale was determined to be irrelevant to the measurement of teachers' attitudes about mental illness. Additionally, minor changes were made to the wording of the remaining questions to use person-first and gender-neutral language, both of which make the survey more consistent with social work ethics and values (National Association of Social Workers, 2015).

Data from the CAMI instrument was analyzed with measures of central tendency for each item and for each subscale. The present study also replicated some of the analyses done by Taylor and Dear to compare subscale results to demographic variables (1981). Replicated analyses include independent samples t tests for nominal demographic variables and Kendall's tau demographic variables measured on an ordinal scale (Taylor & Dear, 1981).

The survey concluded with a final open-answer question which gave participants an opportunity to share any additional concerns, questions, or ideas they deemed to be

relevant to the study. These responses were analyzed using open coding. Upon completion of the survey, participants were given the option of following a link to a separate survey through which they could submit their email address to receive a report of the study's results once the study was completed.

All data analysis was completed using SPSS (IBM Corp., 2016). Data from the survey was not linked to identifying information about participants. The study received exempt status through the Ohio State University Institutional Review Board because of the anonymous nature of data collection and storage.

Chapter 3. Results

Part 1: Qualitative (Content Analysis)

Results for Part 1 will be reported for each material in three overall categories: (1) characters with mental health symptoms, (2) stigmatizing language, and (3) helpful and unhelpful messages. For each material within each category, a summary of findings will be reported along with examples of each finding.

Characters with Mental Health Symptoms

Hoot

In *Hoot* by Carl Hiaasen, eleven instances of characters with mental health symptoms were identified. Diagnostic categories identified included (1) Substance-Related and Addictive Disorders, (2) Disruptive, Impulse-Control, and Conduct Disorders, and (3) Depressive Disorders. See Figure 1 for the frequency with which each diagnostic category was noted and see Table 1 for examples of identified instances of each of these diagnostic categories.

Symptoms of Substance-Related and Addictive Disorders were noted in a character who was described as being of low socioeconomic status, and who tended to act out violently against other characters, including the protagonist. Symptoms of Disruptive, Impulse-Control, and Conduct Disorders were noted in another character who was often referred to with stigmatizing language and whose behavior was often commented on by

other characters. While this character did not tend to be violent, he had a history of illegal activities and his behavior was perceived as abnormal and erratic by other characters. Symptoms of Depressive Disorders were almost exclusively identified in the protagonist, and these symptoms were mentioned most often toward the beginning of the book. As the story progressed, the main character made new friends, established a support system, and overcame academic and social difficulties at school.

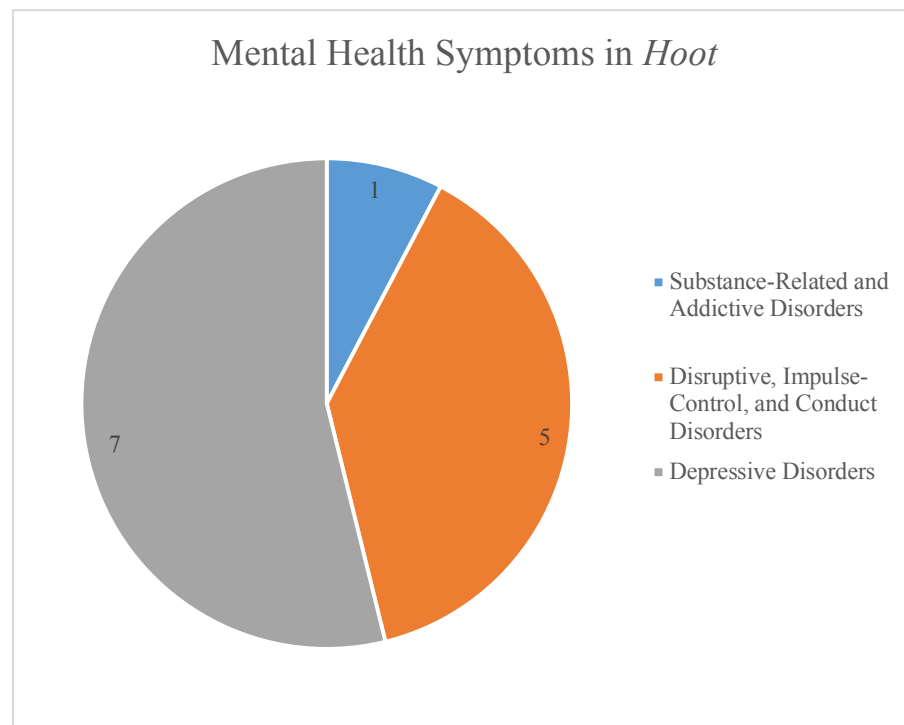


Figure 1 Mental Health Symptoms in *Hoot*

Table 1 Mental Health Symptoms in *Hoot*

Examples of Characters with Mental Health Symptoms in <i>Hoot</i> by Carl Hiaasen		
Page Number	Diagnostic Category	Quotes
3	Substance-Related and Addictive Disorders	"Dana's breath smelled like stale cigarettes. Smoking and beating up smaller kids were his two main hobbies."
17	Depressive Disorders	"Roy locked himself in his bedroom and cried. His mother caught him climbing out the window with his snowboard and a plastic tackle box in which he had packed underwear, socks, a fleece ski jacket, and a \$100 savings bond his grandfather had given him as a birthday present."
116	Disruptive, Impulse-Control, and Conduct Disorders	"He seldom lasted more than two weeks before running away or being expelled."

The Giver

In *The Giver* by Lois Lowry, fifteen instances of characters with mental health symptoms were identified. Diagnostic categories identified included (1) Depressive Disorders, (2) Anxiety Disorders, and (3) Trauma and Stressor-Related Disorders. See Figure 2 for the frequency with which each diagnostic category was noted and see Table 2 for examples of identified instances of each of these diagnostic categories.

Almost all of the symptoms noted were identified in the main character. The main character frequently experiences symptoms of Anxiety and Depressive disorders. One

other character who spends significant time with the main character also experiences symptoms of Depressive Disorders in addition to Trauma and Stressor-Related Disorders. While the word suicide is never used in this book, suicidal thoughts and actions, which were coded as symptoms of Depressive Disorders, were mentioned with regard to a deceased character who completed suicide in the past. As can be seen in some of the examples in Table 2, particularly the example from page 174, the main characters also discuss occasional suicidal thoughts. In the context of this book, the word “release” is used as a euphemism for death.

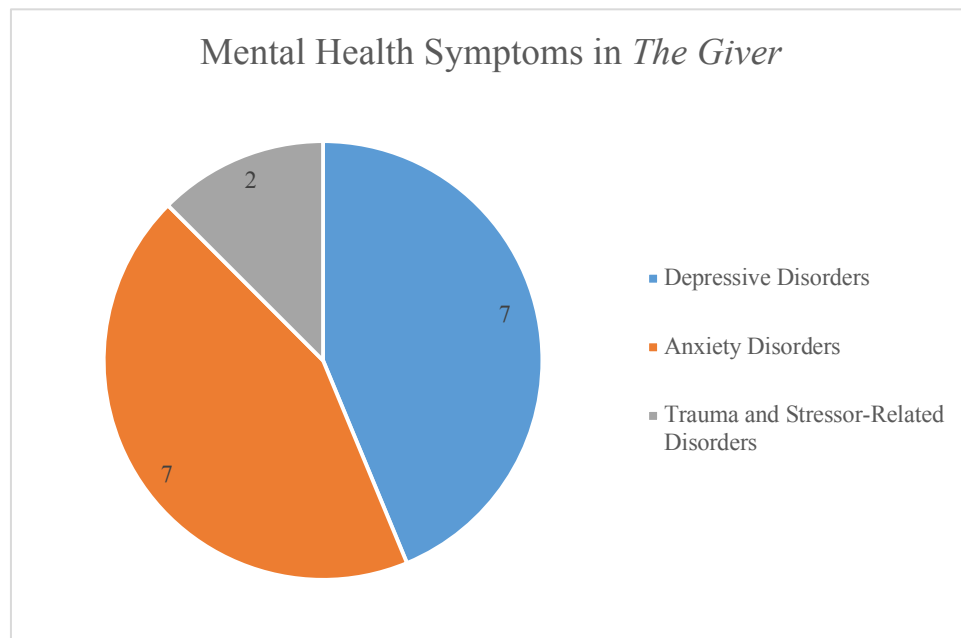


Figure 2 Mental Health Symptoms in *The Giver*

Table 2 Mental Health Symptoms in *The Giver*

Examples of Characters with Mental Health Symptoms in <i>The Giver</i> by Lois Lowry		
Page Number	Diagnostic Category	Quotes
73	Depressive Disorders	“He hunched his shoulders and tried to make himself smaller in the seat. He wanted to disappear, to fade away, not to exist.”
78	Anxiety Disorders	“He felt fear flutter within him.”
151	Depressive Disorders	“he knew that he could bear it no longer and would welcome death himself”
168	Trauma and Stressor-Related Disorders	“In his mind, Jonas saw again the face of the boy who had lain dying on a field and had begged him for water. He had a sudden choking feeling, as if it were difficult to breathe.”
174	Depressive Disorders	““I think about my own release when I’m in an awful lot of pain. I wish I could put in a request for it, sometimes.””

The Outsiders

In *The Outsiders* by S. E. Hinton, forty-seven instances of characters with mental health symptoms were identified. Diagnostic categories identified included (1) Trauma and Stressor-Related Disorders, (2) Disruptive, Impulse-Control, and Conduct Disorders, (3) Anxiety Disorders, (4) Substance-Related and Addictive Disorders, and (5) Depressive Disorders. See Figure 3 for the frequency with which each diagnostic category was noted and see Table 3 for examples of identified instances of each of these diagnostic categories.

In this book, symptoms of Trauma and Stressor-Related Disorders were by far the most common and were displayed by the majority of characters. Disruptive, Impulse-Control, and Conduct Disorders were identified in one particular character who tended to

break laws and was frequently arrested. Symptoms of Anxiety Disorders were mostly identified in the protagonist, and symptoms of Substance-Related and Addictive Disorders were identified in most of the characters, although symptoms were more pronounced in certain characters. All of the main characters in the book smoked cigarettes and drank alcohol regularly, but certain characters' substance use was more excessive and led them to act aggressively or make decisions they later regretted. Other characters, including the protagonist, relied on cigarettes to reduce their symptoms of anxiety. Finally, Symptoms of Depressive Disorders were identified in the protagonist and in another character, who completed suicide toward the end of the book.

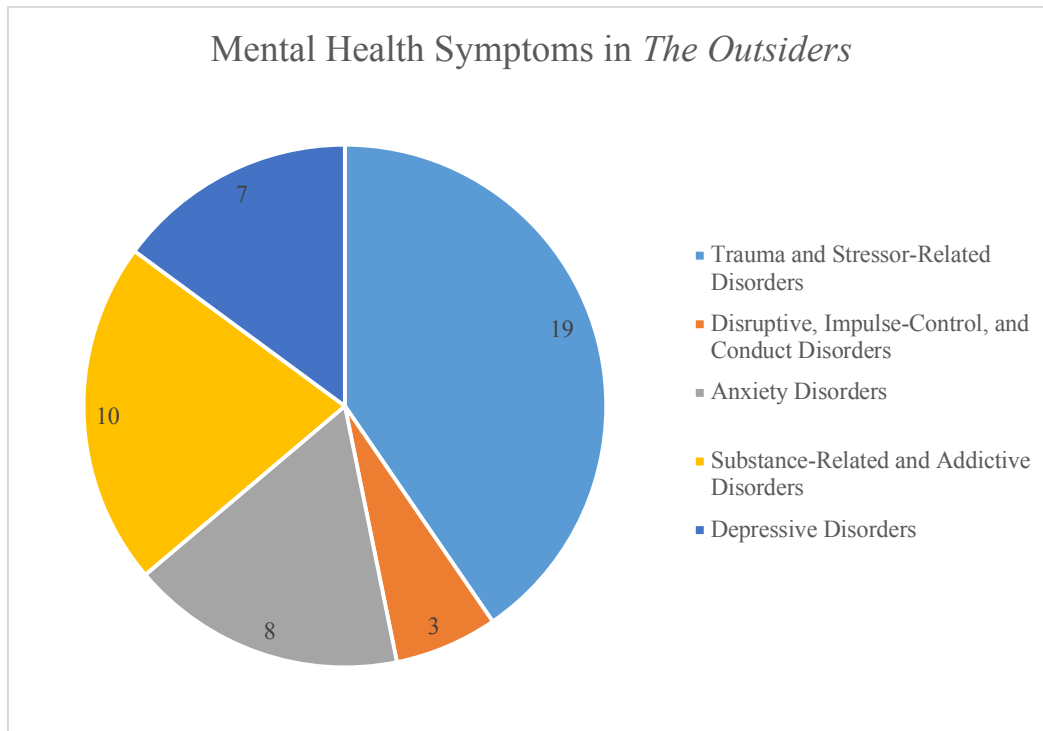


Figure 3 Mental Health Symptoms in *The Outsiders*

Table 3 Mental Health Symptoms in *The Outsiders*

Examples of Characters with Mental Health Symptoms in <i>The Outsiders</i> by S. E. Hinton		
Page Number	Diagnostic Category	Quote
34	Trauma and Stressor-Related Disorders	"But after the night of the beating, Johnny was jumpier than ever. I didn't think he'd ever get over it."
123	Disruptive, Impulse-Control, and Conduct Disorders	"'Always running around in the middle of the night getting jailed and heaven knows what else...'"
126	Anxiety Disorders	"I had a sick feeling in my stomach and it wasn't from being ill"
128	Substance-Related and Addictive Disorders	"You only knew his bad side. He could be sweet sometimes, and friendly. But when he got drunk...it was that part of him that beat up Johnny."
131	Depressive Disorders	"But although I love baked chicken, I could hardly swallow any. I swallowed five aspirins, though, when Darry and Soda weren't looking. I do that all the time because I can't sleep very well at night."
154	Depressive Disorders	"Dally raised the gun, and I thought: You blasted fool. They don't know you're only bluffing. And even as the policemen's guns spit fire into the night I knew that was what Dally wanted. He was jerked half around by the impact of the bullets, then slowly crumpled with a look of grim triumph on his face. He was dead before he hit the ground. But I knew that was what he wanted ...because Dally Winston wanted to be dead and he always got what he wanted."
168-169	Trauma and Stressor-Related Disorders	"I wish I could say that everything went back to normal, but it didn't. Especially me. I started running into things, like the door, and kept tripping over the coffee table and losing things...And another thing, I quit eating. I used to eat like a horse, but all of a sudden I wasn't hungry. Everything tasted like baloney. I was lousing up my schoolwork, too...I used to make A's in English...Now I was lucky to get a D on a composition."
170-171	Trauma and Stressor-Related Disorders	"I wasn't scared. It was the oddest feeling in the world. I didn't feel <i>anything</i> —scared, mad, or anything. Just zero."

A Wrinkle in Time

In *A Wrinkle in Time* by Lois Lowry, twenty-nine instances of characters with mental health symptoms were identified. Diagnostic categories identified included (1) Anxiety Disorders, (2) Depressive Disorders, and (3) Obsessive-Compulsive and Related Disorders. See Figure 4 for the frequency with which each diagnostic category was noted and see Table 4 for examples of identified instances of each of these diagnostic categories.

Symptoms of Anxiety and Depressive Disorders were noted exclusively in the protagonist. Particularly in the beginning of the book, the protagonist frequently comments on her anxiety and her negative cognitions about herself. The frequency of these comments decreases as the story develops, with no symptoms identified in the second half of the book. The only mental health symptoms noted which were not experienced by the protagonist were symptoms of Obsessive-Compulsive and Related Disorders. The context of the instance in which these symptoms were identified can be seen in Table 4.

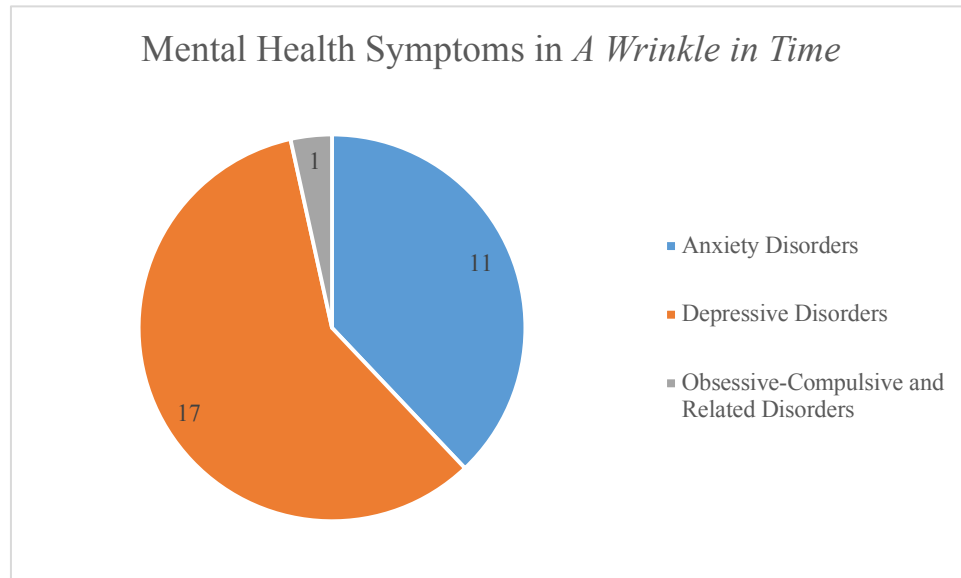


Figure 4 Mental Health Symptoms in *A Wrinkle in Time*

Table 4 Mental Health Symptoms in *A Wrinkle in Time*

Examples of Characters with Mental Health Symptoms in <i>A Wrinkle in Time</i> by Madeleine L'Engle		
Page Number	Diagnostic Category	Quotes
3	Anxiety Disorders	"Meg wasn't usually afraid of the weather. –It's not just the weather, she thought. –It's the weather on top of everything else. On top of me. On top of Meg Murry doing everything wrong. School. School was all wrong."
12	Depressive Disorders	"Maybe if I weren't so repulsive-looking"
31	Obsessive-Compulsive and Related Disorders	"Sometimes I get a feeling about things. You might call it a compulsion. Do you know what compulsion means?" "When I get this feeling, this compulsion, I always do what it tells me. I can't explain where it comes from or how I get it, and it doesn't happen very often. But I obey it."
49	Depressive Disorders	"'I wish I were a different person,' Meg said shakily. 'I hate myself.'"

The Tell-Tale Heart

In *The Tell-Tale Heart* by Edgar Allan Poe, seven instances of characters with mental health symptoms were identified. Diagnostic categories identified included (1) Anxiety Disorders, and (2) Schizophrenia and Other Psychotic Disorders. See Figure 5 for the frequency with which each diagnostic category was noted and see Table 5 for examples of identified instances of each of these diagnostic categories.

All symptoms were identified in the main character and narrator of the short story. The narrator repeatedly describes his feelings of nervousness and describes in detail an auditory hallucination which other characters cannot hear. See details of the narrator's descriptions of experiences identified as mental health symptoms in Table 5.

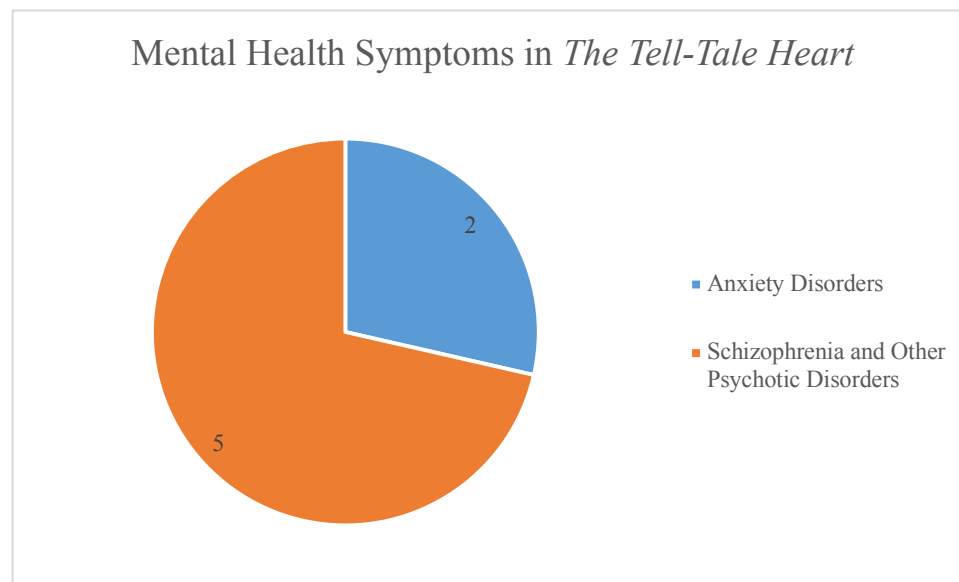


Figure 5 Mental Health Symptoms in *The Tell-Tale Heart*

Table 5 Mental Health Symptoms in *The Tell-Tale Heart*

Examples of Characters with Mental Health Symptoms in <i>The Tell-Tale Heart</i> by Edgar Allan Poe		
Paragraph Number	Diagnostic Category	Quotes
1	Anxiety Disorders	"nervous—very, very dreadfully nervous I had been and am"
1	Schizophrenia and Other Psychotic Disorders	"The disease had sharpened my senses—not destroyed—not dulled them. Above all was the sense of hearing acute. I heard all things in the heaven and in the earth. I heard many things in hell"
16	Schizophrenia and Other Psychotic Disorders	"Yet the sound increased—and what could I do? It was a low, dull, quick sound—much such a sound as a watch makes when enveloped in cotton. I gasped for breath—and yet the officers heard it not."
16	Schizophrenia and Other Psychotic Disorders	"They heard!—they suspected!—they knew!—they were making a mockery of my horror!"

Overall, across all five materials, a total of 112 instances of mental health symptoms were identified. The most commonly identified category of mental health symptoms was Depressive Disorders, with 38 examples identified. This was followed by Anxiety Disorders, with 28 examples identified, and Trauma and Stressor-Related Disorders, with 21 examples identified. The least common category of symptoms identified was Obsessive-Compulsive and Related Disorders, with only one instance identified.

Stigmatizing Language

Hoot

In *Hoot* by Carl Hiaasen, sixteen instances of stigmatizing language were noted. The most commonly used stigmatizing terms are “crazy,” “psycho,” and “wacko.” See Table 6 for examples of the context in which these terms are used and see Appendix A for a complete list of all stigmatizing terms identified as well as their frequencies.

Table 6 Stigmatizing Language in *Hoot*

Examples of Stigmatizing Language in <i>Hoot</i> by Carl Hiaasen		
Page Number	Quote	Context Details
11	““So maybe the kid’s just a psycho . Who cares?””	Stigmatizing language refers to a specific character whose behavior is abnormal and consistent with a mental health diagnosis.
119-120	"He thought the kid meant to take revenge on the dogs by spiking the hamburger with something harmful, maybe even poisonous. Beatrice laughed and rolled her eyes. 'He's not that kind of crazy .'"	Stigmatizing language suggests that, while the specific character being referred to is not violent, other individuals with mental health symptoms are violent.
283	"After going wacko at the groundbreaking ceremony, Chuck E. Muckle got demoted to the post of assistant junior vice-president.”	Stigmatizing language is used to describe unpopular character who loses control of his temper and acts out violently, suggesting that individuals with mental illness are violent and cannot hold stable employment.

The Giver

In *The Giver* by Lois Lowry, only one instance of potentially stigmatizing language was identified. The phrase identified was “driving her crazy.” See Table 7 for the context in which this phrase is used.

Table 7 Stigmatizing Language in *The Giver*

Examples of Stigmatizing Language in <i>The Giver</i> by Lois Lowry		
Page Number	Quote	Context Details
61	“Then he chuckled. ‘She told me that because I was driving her crazy .’”	Stigmatizing language is not used to describe a specific character with mental health symptoms. Rather, the phrase “driving her crazy” is used to describe a character being annoyed by another character’s behavior.

The Outsiders

In *The Outsiders* by S. E. Hinton, three instances of stigmatizing language were identified. The phrases used are “crazy,” “out of your/his mind,” and “nuts.” See Table 8 for the context in which each phrase was found.

Table 8 Stigmatizing Language in *The Outsiders*

Examples of Stigmatizing Language in <i>The Outsiders</i> by S. E. Hinton		
Page Number	Quote	Context Details
8	"I had to grin at him—Soda can make you grin no matter what. I guess it's because he's always grinning so much himself. 'You're crazy , Soda, out of your mind .' Darry looked as if he'd like to knock our heads together. 'You're both nuts .'"	All stigmatizing language is used while characters are joking with one another. It is not used to refer to a specific character with mental health symptoms.
147	"He said a lot more stuff, but I didn't get it all. I had a stupid feeling that Dally was out of his mind , the way he kept raving on and on, because Dallas never talked like that, but I think now I would have understood if I hadn't been sick at the time."	The stigmatizing language is used to refer to a specific character who is experiencing symptoms of mental illness and who completes suicide soon after this language is used.
178	““Like the way you dig sunsets, Pony. That’s gold. Keep that way, that’s a good way to me. I want you to tell Dally to look at one. He’ll probably think you’re crazy , but ask for me.””	The stigmatizing language is not used to refer to a specific character with mental health concerns, but rather to describe how an individual whose behavior is unexpected or abnormal is perceived.

A Wrinkle in Time

In *A Wrinkle in Time* by Madeleine L’Engle, only one instance of potentially stigmatizing language was found. The term used is “madman.” See Table 9 for the context in which this term is used.

Table 9 Stigmatizing Language in *A Wrinkle in Time*

Examples of Stigmatizing Language in <i>A Wrinkle in Time</i> by Madeleine L'Engle		
Page Number	Quote	Context Details
158	““everything I believed in most passionately was nothing but a madman's dream””	This stigmatizing language is used by a character in reference to himself as he describes a time when he was experiencing mental health symptoms.

The Tell-Tale Heart

In *The Tell-Tale Heart* by Edgar Allan Poe, five instances of potentially stigmatizing language use were identified. The only stigmatizing terms identified are variations on the word “mad.” As can be seen in Table 10, these variations include “madmen,” “madman,” and “madness” as well as “mad.” See Table 10 for the context in which these terms are used.

Table 10 Stigmatizing Language in *The Tell-Tale Heart*

Examples of Stigmatizing Language in <i>The Tell-Tale Heart</i> by Edgar Allan Poe		
Paragraph Number	Quote	Context Details
1	"but why will you say that I am mad ?"	The narrator uses this term while trying to prove he is not "mad," suggesting that being "mad" is not a positive quality.
3	"You fancy me mad . Madmen know nothing." "would a madman have been so wise as this?"	The narrator again uses this variation of the term "mad" to distance himself from the context of "madness," and furthermore suggests that "madmen" are unintelligent.
10	"what you mistake for madness is but over-acuteness of the sense"	Again, the narrator is trying to prove that he is not "mad" but instead is high-functioning. This again suggests "madness" is negative.
12	"If you still think me mad , you will think so no longer when I describe the wise precautions I took for the concealment of the body."	This term is once again used as the narrator attempts to distance himself from it, suggesting again that "mad" individuals are undesirable and lack wisdom and intelligence.

Overall, at least one example of stigmatizing language was found in each material analyzed. The most examples of stigmatizing language were found in *Hoot*, in which sixteen examples were found, many of which referred specifically to a character with mental health symptoms. The least number of examples of stigmatizing language were found in *The Giver* and *A Wrinkle in Time*, both of which only included one identified example.

Helpful and Unhelpful Messages

Hoot

In Carl Hiaasen's *Hoot*, a total of twelve potentially helpful or unhelpful messages about mental health were identified. All of the messages identified were categorized as unhelpful. See Table 11 for examples of the identified messages as well as justification for their identification and categorization.

Table 11 Helpful and Unhelpful Messages in *Hoot*

Examples of Helpful and Unhelpful Messages about Mental Health in <i>Hoot</i> by Carl Hiaasen		
Page Number	Quote	Helpful or Unhelpful?
37	"He claimed to have inside information, owing to his mother's high-ranking position as a guidance counselor."	Unhelpful: Suggests that guidance counselors do not keep student information confidential.
116	"She arranged for her son to be shipped off to a military prep school—the first of several failed attempts to 'normalize' the boy."	Unhelpful: Negative portrayal of mental health treatment as a method of taking away an individual's personality and unique traits.
283	"Although he did not go to jail for choking the newspaper reporter, he was forced to take a class called 'How to Manage Your Anger,' which he failed. Soon afterward, he resigned"	Unhelpful: Negative portrayal of anger management classes, which are essentially mental health treatment, as useless and comical.

The Giver

In Lois Lowry's *The Giver*, a total of ten potentially helpful or unhelpful messages about mental health were identified. Two of these messages were categorized as unhelpful, and the remaining eight were categorized as helpful. See Table 12 for examples of the identified messages as well as justification for their identification and categorization.

Table 12 Helpful and Unhelpful Messages in *The Giver*

Examples of Helpful and Unhelpful Messages about Mental Health in <i>The Giver</i> by Lois Lowry		
Page Number	Quote	Helpful or Unhelpful?
139-140	"He lay on the bed, aching. 'Why do you and I have to hold these memories?' 'It gives us wisdom,' The Giver replied.	Helpful: This suggests that emotionally painful memories and experiences have value in that they impart wisdom. While this does not take away the pain these memories and experiences cause, it suggests that they can have a positive impact.
157	"'I feel very foolish saying this. Very, very foolish.' 'No need. Nothing is foolish here. Trust the memories and how they make you feel.'"	Helpful: Portrayal of a positive, trusting relationship with an adult who helps the main character understand and validate his own emotional experience.
164	"He had not taken the pills, now, for four weeks. The Stirrings had returned, and he felt a little guilty and embarrassed about the pleasurable dreams that came to him as he slept. But he knew he couldn't go back to the world of no feelings that he had lived in so long."	Unhelpful: A parallel could be drawn to the use of psychotropic medications, suggesting that psychotropic medications are inherently bad because they numb feelings, and that cessation of treatment with such medications could improve well-being.

The Outsiders

In S. E. Hinton's *The Outsiders*, a total of eight potentially helpful or unhelpful messages about mental health were identified. Two of these messages were categorized as unhelpful, and the remaining six were categorized as helpful. See Table 13 for examples of the identified messages as well as justification for their identification and categorization.

Table 13 Helpful and Unhelpful Messages in *The Outsiders*

Examples of Helpful and Unhelpful Messages about Mental Health in <i>The Outsiders</i> by S. E. Hinton		
Page Number	Quote	Helpful or Unhelpful?
162	"that pity-the-victims-of-environment junk the social workers kept handing Curly Shepard every time he got sent off to the reform school. I'd rather have anybody's hate than their pity."	Unhelpful: Suggests that mental health treatment providers, such as social workers, are invalidating and do not help individuals in need.

Continued

Table 13 Continued

Page Number	Quote	Helpful or Unhelpful?
169-170	<p>"It bothered my English teacher, the way I was goofing up, I mean. He's a real good guy, who makes us think, and you can tell he's interested in you as a person, too. One day he told me to stay in after the rest of the class left. 'Ponyboy, I'd like to talk to you about your grades.' Man, I wished I could beat it out of there. I knew I was flunking out in that class, but golly, I couldn't help it. 'There's not much to talk about, judging from your scores. Pony, I'll give it to you straight. You're failing this class right now, but taking into consideration the circumstances, if you come up with a good semester theme, I'll pass you with a C grade.' 'Taking into consideration the circumstances'—brother, was that ever a way to tell me he knew I was goofing up because I'd been in a lot of trouble. At least that was a roundabout way of putting it. The first week of school after the hearing had been awful. People I knew wouldn't talk to me, and people I didn't know would come right up and ask about the whole mess. Sometimes even teachers. And my history teacher—she acted as if she was scared of me, even though I'd never caused any trouble in her class. You can bet that made me feel real tuff. 'Yessir,' I said, 'I'll try. What's the theme supposed to be on?' 'Anything you think is important enough to write about. And it isn't a reference theme; I want your own ideas and experiences.'"</p>	<p>Helpful: Shows a positive interaction with his English teacher, who is concerned about him and wants to help him overcome difficulties and succeed.</p> <p>Unhelpful: Portrayal of history teacher suggests that teachers are not helpful and treat struggling students negatively.</p>

Continued

Table 13 Continued

Page Number	Quote	Helpful or Unhelpful?
179	"I could see boys going down under street lights because they were mean and tough and hated the world, and it was too late to tell them that there was still good in it, and they wouldn't believe you if you did. It was too vast a problem to be just a personal thing. There should be some help, someone should tell them before it was too late. Someone should tell their side of the story, and maybe people would understand then and wouldn't be so quick to judge a boy by the amount of hair oil he wore. It was important to me. I picked up the phone book and called by English teacher."	Helpful: Shows that he's beginning to process trauma and heal, partly as a result of guidance from his English teacher.
179-180	"I sat down and picked up my pen and thought for a minute. Remembering. Remembering a handsome, dark boy with a reckless grin and a hot temper. A tough, low-headed boy with a cigarette in his mouth and a bitter grin on his hard face. Remembering—and this time it didn't hurt—a quiet, defeated-looking sixteen-year-old whose hair needed cutting badly and who had black eyes with a frightened expression to them. One week had taken all three of them. And I decided <i>I</i> could tell people, beginning with my English teacher."	Helpful: He's continuing to process his traumatic experiences and they are becoming less painful. This suggests that recovery is possible, although not easy. Additionally, it portrays the main character's English teacher as a safe person to share his difficult experiences with as he begins to heal and talk to people about what happened.

A Wrinkle in Time

In Madeleine L'Engle's *A Wrinkle in Time*, a total of eleven potentially helpful or unhelpful messages about mental health were identified. Five of these messages were categorized as unhelpful, and the remaining six were categorized as helpful. See Table 14

for examples of the identified messages as well as justification for their identification and categorization.

Table 14 Helpful and Unhelpful Messages in *A Wrinkle in Time*

Examples of Helpful and Unhelpful Messages about Mental Health in <i>A Wrinkle in Time</i> by Madeleine L'Engle		
Page Number	Quote	Helpful or Unhelpful?
12	"'It's just been an awful week. And I'm full of bad feeling' Mrs. Murry stroked Meg's shaggy head. 'Do you know why?'"	Helpful: Portrays a positive relationship between the main character and her mother. She is struggling with symptoms of anxiety and depression, and she talks to her mother who responds with concern and validation.
24	"'Don't you realize that you just make everything harder for yourself by your attitude?' the principal asked."	Unhelpful: Negative portrayal of school principal's response to main character's emotional distress which is causing her to struggle in school, both academically and behaviorally. The principal blames the distress on the main character choosing to have a negative attitude.
96	"'So, for you, I will strengthen this gift. Meg, I give you your faults.' 'My faults!' Meg cried. 'Your faults.' 'But I'm always trying to get rid of my faults!' 'Yes,' Mrs Whatsit said. 'However, I think you'll find they come in very handy...'"	Helpful: Suggests that overcoming faults and difficulties can give someone strength and wisdom when facing future adversity.
136	"'Maybe if you aren't unhappy sometimes, you don't know how to be happy.'"	Helpful: The main character comes to the realization that she appreciates her history of emotional distress, which she overcomes throughout the book, because it has enabled her to experience positive emotions.

Continued

Table 14 Continued

Page Number	Quote	Helpful or Unhelpful?
158	"I was on the point of giving in...Nothing seemed important any more but rest, and of course IT offered me complete rest. I had almost come to the conclusion that I was wrong to fight, that IT was right after all, and everything I believed in most passionately was nothing but a madman's dream. But then you and Meg came in to me, broke through my prison, and hope and faith returned."	Helpful: Open discussion about emotional distress between the main character and her father, and the message that it is possible to overcome deep despair with the right help and support. While in the story "IT" is an external supernatural force against which the characters fight, it can be understood to symbolize aspects of real life, such as the thoughts associated with a depressive disorder.

The Tell-Tale Heart

In Edgar Allan Poe's *The Tell-Tale Heart*, a total of four potentially helpful or unhelpful messages about mental health were identified. All of these messages were categorized as unhelpful. See Table 15 for examples of the identified messages as well as justification for their identification and categorization.

Table 15 Helpful and Unhelpful Messages in *The Tell-Tale Heart*

Examples of Helpful and Unhelpful Messages about Mental Health in <i>The Tell-Tale Heart</i> by Edgar Allan Poe		
Paragraph Number	Quote	Helpful or Unhelpful?
2	"I made up my mind to take the life of the old man, and thus rid myself of the eye forever."	Unhelpful: Suggests that individuals experiencing psychosis have violent tendencies.
11	"In an instant I dragged him to the floor, and pulled the heavy bed over him. I then smiled gaily, to find the deed so far done."	Unhelpful: Suggests not only that individuals experiencing psychosis are violent, but that they enjoy being violent.
12	"In the enthusiasm of my confidence, I brought chairs into the room, and desired them here to rest from their fatigues, while I myself, in the wild audacity of my perfect triumph, placed my own seat upon the very spot beneath which reposed the corpse of the victim."	Unhelpful: Further suggests that individuals with mental health symptoms, particularly psychosis, are driven to be violent and gain pleasure and satisfaction from violent behaviors.
15	"First of all, I dismembered the corpse. I cut off the head and the arms and the legs."	Unhelpful: Portrays the behavior of an individual experiencing psychosis as gruesome and violent.

Overall, helpful and/or unhelpful messages were identified in all five materials. Two of the materials, *Hoot* and *The Tell-Tale Heart*, included only unhelpful messages. The remaining materials all had a combination of helpful and unhelpful messages, with the highest number of helpful messages compared to unhelpful messages occurring in *The Giver* followed by *The Outsiders*.

Part 2: Quantitative (Survey)

Demographic Characteristics

Sixth through eighth grade teachers English Language Arts teachers at eighteen Central Ohio public schools were invited to participate in the survey. A sample of sixty-two participants completed the survey. The average age of participants was 37.10 years (SD = 8.67), 82.26% (N = 51) of participants identified their race/ethnicity as white and non-Hispanic, and 91.90% (N = 57) of participants identified their gender as female. On average, participants had 12.95 years (SD = 7.87) of teaching experience, and 82.3% (N=50) of participants had a master's degree. With regard to the schools at which participants teach, 62.9% (N = 39) described their school's student population as middle or upper class, 83.9% (N = 52) described their school's location as suburban, and 51.6% (N = 32) described their school's student population as somewhat or very diverse. See Table 16 for more detailed demographic information.

Table 16 Demographic Characteristics of Sample

Demographic Characteristics of Sample		
Variable	Mean (Standard Deviation)	Category (%)
Age (N=59)	37.10 years (SD = 8.67)	-
Years Teaching (N=60)	12.95 years (SD = 7.87)	-
Year of Most Recent Degree (N=62)	2007.21 (SD = 6.81)	-
Gross Annual Income (N=54)	\$66,157.20 (SD = 23,248.31)	-
Gender (N=62)	-	Female (91.9%), Male (8.1%)
Grade Level(s) Taught (N=62)*	-	Sixth Grade (32.26%), Seventh Grade (51.61%), Eighth Grade (32.26%)
Highest Degree Obtained (N=61)	-	Bachelor's Degree (9.8%), Master's Degree (86.89%), Doctorate or Professional Degree (1.6%), Other (1.64%)
Race/Ethnicity (N=62)*	-	White, non-Hispanic (82.26%), White, Hispanic (12.90%), Black/African American (2.61%), Asian/Pacific Islander (3.23%), Other (2.61%), Prefer not to answer (2.61%)
School Location (N=62)	-	Rural (9.7%), Suburban (83.9%), Urban (6.5%)
Socioeconomic Status of Student Body (N=62)	-	Upper/Upper-Middle Class (43.5%), Middle Class (19.4%), Lower/Lower-Middle Class (17.7%), Lower Class (4.8%), Combination of These (14.5%)
Diversity of Student Body (N=62)	-	Very diverse (11.3%), Somewhat diverse (40.3%), Not very diverse (32.3%), Not at all diverse (16.1%)
Special Student Populations Taught (N=62)*	-	Gifted Education (54.84%), Special Education (83.87%), English Language Learners (46.77%)

**For these variables, percentages total more than 100% because at least one participant selected multiple categories in their response*

Personal and Professional Mental Health Experiences

Participants were asked to answer a series of questions about their personal and professional mental health experiences. With regard to personal experience, 73.77% of participants stated that they and/or a close friend or family member of theirs have experienced a mental health disorder. See Figure 7 in Appendix C for more detailed results.

Regarding their mental health-related experiences as sixth through eighth grade ELA teachers, 96.55% (N = 56) of participants reported that they have at least occasionally noted mental health concerns among their students during the past academic year. See Figure 8 in Appendix C for more detailed results from this question.

Participants were also asked about the presence of mental health-related messages in the materials they use to teach. When asked whether such messages are present in their curriculum materials, 72.58% (N = 45) said yes. See Figure 9 in Appendix C for all results from this question.

Participants who said that their curriculum materials do include mental health-related messages were asked to describe these materials in an open-answer question. A total of 101 materials were mentioned, most of which were books or short stories. By far the most commonly mentioned material was *The Outsiders*, which was mentioned by nine participants. This was followed by *Wonder*, which was mentioned five times, *Flowers for Algernon* and *Thirteen Reasons Why*, which were both mentioned four times, and *The Giver*, which was mentioned three times. See Appendix B for the entire list of materials mentioned by participants.

Finally, participants were also asked whether, in their whole career as a sixth through eighth grade ELA teacher, they have ever had students ask questions about or seek help for a mental health concern as result of mental health-related messages in a curriculum material. Of the 43 teachers who responded to this question, over half (53.49%, N = 23) said no while 37.21% (N = 16) said yes, and 9.30% (N = 4) said maybe. This question was asked in an open-answer format. Several teachers mentioned specific situations, such as reading *Thirteen Reasons Why*, which prompt students to discuss mental health-related topics. Two teachers specifically referenced the relationships they build with students rather than curriculum materials as the reason for discussions about mental health concerns. One of these teachers stated:

I do not think that anything used specifically in class has been the sole reason for a student to ask for help or request to see a school counselor. More so, it is the relationships that I strive to build with students and the safe classroom environment that I try to promote on a daily basis. These two things let students feel comfortable with me and my class and that has led to them divulging information that they would typically not share elsewhere. Relationships are everything in a class and I will always go the extra mile when a student is struggling with mental issues. Saying that, we have a school counselor and a mental health specialist in the building. I will almost always recommend that a student speak with either of these individuals as well as talk to me.

In contrast, another teacher stated: “No. They don't feel comfortable and even deny their thoughts and feelings to their parents.”

Mental Health Knowledge

Participants were asked to self-assess their level of knowledge about mental health on a scale of one to five, with one meaning “not at all knowledgeable” and five meaning “very knowledgeable,” and this yielded a mean score of 3.26 (SD = 0.85). See Figure 10 in Appendix C for all results from this question.

When asked whether they hold a degree in a mental health field, 8.20% (N = 5) of participants reported that they do. Teachers were also asked to self-assess whether they have sufficient knowledge and preparation to deal with students’ mental health needs. To this question, 33.33% (N = 19) said yes, with the remainder saying either maybe or no. See Figure 11 in Appendix C for all results from this knowledge self-assessment question.

Finally, teachers’ mental health knowledge was assessed with a series of questions regarding their level of concern about common childhood mental health symptoms. Participants were presented with a Likert scale for each symptom, ranging from 1 = not at all concerned to 4 = very concerned, and asked “If demonstrated by a child or teen, to what extent would you be concerned that the following behaviors/symptoms could be indicative of a mental health disorder?” The symptoms were then divided up by diagnostic category, and measures of central tendency were calculated for each category. Higher mean scores represent higher levels of reported concern for a particular diagnostic category, suggesting that teachers are more able to correctly identify symptoms in that category as mental health-related. As can be seen in Table 17, teachers reported the highest level of concern for symptoms of psychosis

followed by substance use disorder. The scores for eating disorders and mood disorders are slightly lower, and the score for ADHD is the lowest.

Table 17 Average Knowledge Scores

Average Scores by Diagnostic Category		
N=57	Mean (Standard Deviation)	Minimum; Maximum
Mood Disorder	3.34 (SD = 0.42)	2.08; 4.00
Eating Disorder	3.60 (SD = 0.84)	1.00; 4.00
ADHD	2.40 (SD = 0.77)	1.00; 4.00
Substance Use Disorder	3.75 (SD = 0.66)	2.00, 4.00
Psychosis	3.96 (SD = 0.26)	2.00, 4.00

Mental Health Attitudes

As was stated in Chapter 2, the Community Attitudes Toward the Mentally Ill (CAMI) instrument was used to measure participants' attitudes toward individuals with mental illness. Measures of central tendency were calculated for each of the scale's three subscales. As can be seen in Table 18, the mean scores for all three subscales are more than one standard deviation above 30, which is considered a neutral score. Because a higher score represents a less stigmatizing attitude, mean scores of greater than 30 for each subscale suggests that participants had, on average, favorable views toward individuals with mental illness.

Table 18 CAMI Subscale Scores

CAMI Subscale Scores		
N=57	Mean (Standard Deviation)	Minimum; Maximum
Authoritarianism	38.96 (SD = 4.54)	19.00; 47.00
Benevolence	41.81 (SD = 6.23)	11.00; 50.00
Social Restrictiveness	37.16 (SD = 5.19)	14.00; 45.00

Further analyses were conducted to compare CAMI scores with demographic characteristics. Because the sample is homogenous with regard to most of the demographic variables assessed, no statistically significant differences resulted from the majority of analyses conducted. No statistically significant difference was found in CAMI subscale scores based on gender, age, race/ethnicity, years of teaching experience, highest degree earned, or various school characteristics. Statistically significant differences were found, however, based upon personal mental health experiences, possession of a degree in a mental health field, and the frequency of perceived student mental health concerns.

An independent samples t-test was conducted to compare CAMI subscale scores between individuals with personal mental health experiences and individuals with no personal mental health experiences. The results demonstrated statistically significant differences for the Authoritarianism ($t=3.327$, $p=0.002$) and Benevolence ($t=2.412$, $p=0.019$) subscales. Additionally, although not significant, the difference for the Social Restrictiveness subscale across groups approached significance ($t=0.608$, $p=0.546$). This means that individuals with personal mental health experiences had significantly less

stigmatizing views on the Authoritarianism and Benevolence subscales, and noticeably less stigmatizing views on the Social Restrictiveness subscale. See Table 19 for the results of this analysis.

Table 19 CAMI Score Comparisons Based on Personal Mental Health Experience

Subscale	Reported Personal Mental Health Experience (Yes or No)		t Value	p Value
	Answered “Yes” Mean (Standard Deviation)	Answered “No” Mean (Standard Deviation)		
Authoritarianism	39.98 (SD=3.81)	35.54 (SD=5.33)	t(53)=3.327	p=0.002
Benevolence	42.83 (SD=4.65)	38.23 (SD=9.27)	t(53)=2.412	p=0.019
Social Restrictiveness	37.48 (SD=4.20)	36.46 (SD=7.88)	t(53)=0.608	p=0.546

Another analysis which yielded statistically significant results was another independent samples t-test conducted to compare CAMI subscales to teachers’ reported frequency of student mental health concerns, as reported in the “Personal and Professional Mental Health Experiences” section above. This analysis showed statistically significant differences for all three subscales, meaning that CAMI subscale scores are significantly higher for individuals who notice mental health concerns in their students monthly or more often as opposed to teachers who never or only occasionally notice such concerns. See Table 20 for the results of this analysis.

Table 20 CAMI Scores vs. Frequency of Student Mental Health Concerns

	Frequency of Noticing Student Mental Health Concern (1=never, 3=monthly, 5=daily)			
Subscale	3 or Greater Mean (Standard Deviation)	Less than 3 Mean (Standard Deviation)	t Value	p Value
Authoritarianism	39.56 (SD=3.40)	38.20 (SD=5.66)	t(55)=1.128	p=0.264
Benevolence	43.44 (SD=4.10)	39.72 (SD=7.79)	t(55)=2.322	p=0.024
Social Restrictiveness	37.59 (SD=4.18)	36.60 (SD=6.29)	t(55)=0.715	p=0.478

Another independent samples t-test showed statistically significant differences between CAMI scores for individuals with and without degrees in a mental health field, with participants who reported holding a degree in a mental health field scoring significantly higher on all three subscales of the CAMI instrument. See Table 21 for these results.

Table 21 CAMI Scores vs. Mental Health Degree

Subscale	Yes Mean (Standard Deviation)	No Mean (Standard Deviation)	t Value	p Value
Authoritarianism	42.20 (SD=3.27)	38.65 (SD=4.54)	t(55)=1.698	p=0.095
Benevolence	44.00 (SD=3.67)	41.60 (SD=6.41)	t(55)=0.822	p=0.415
Social Restrictiveness	39.80 (SD=4.15)	36.90 (SD=5.24)	t(55)=1.198	p=0.236

Optional Open-Answer Question

The survey concluded with a final, optional, open-answer question with the following prompt: “Do you have any additional questions or comments about your students' mental health, the presence of mental health-related messages in the curriculum you teach, or anything else you think would be relevant for this study?” A total of fifteen participants responded to this question, and a thematic analysis was conducted on their responses. The most frequently recurring theme was a need for teachers to receive more training about mental health, an issue which was mentioned in seven of the fifteen responses. Also mentioned were the needs for more mental health resources in school and for more education of students about mental health disorders and treatment. One teacher also mentioned that her students’ mental health problems occupy much of her time and take away from academics. Several teacher’s responses, which represent many of the aforementioned themes, can be seen in Table 22.

Table 22 Optional Open-Answer Question Example Responses

<p>I feel strongly that there is not enough teacher training when it comes to mental health, and not enough resources when it comes to helping students get the resources they need. We are on the front lines when it comes to spotting symptoms, yet we do not always have the time a student needs or know what to do to help them. Sometimes we just know something isn't right but aren't sure how to handle it. This needs to change.</p>
<p>I see a significant rise in mental health issues among teens these days. I think more students are wanting help but sometimes, with the age group I teach, it is sometimes difficult to determine real issues versus attention seeking behavior. I could always learn something new in this area.</p>
<p>I think this is a topic that definitely needs to be studied. It needs more attention, teacher training and more importantly, trained professionals in every school building. It impacts my students daily. I have to spend a lot of time dealing with the mental health issues of my students that take away from the instruction that the class receives.</p>
<p>I think that our staff has had a great deal of professional development about mental health; however I would like to see the students be provided with a lot of this information as well. It seems as if it isn't something that is directly talked about until possibly health class. Our students at our school don't have health class until 8th grade. I'm certain there are several students much younger than this that could benefit from information and education on mental health.</p>

Chapter 4. Discussion

Summary of Findings

Part 1: Qualitative (Content Analysis)

Mental health-related messages were found in all of the materials analyzed. In all but one material, *The Tell-Tale Heart*, the most commonly identified mental health disorders were Depressive Disorders, Anxiety Disorders, and Trauma and Stressor-Related Disorders. Most often, symptoms of these disorders were found in the protagonist, and these symptoms were often most pronounced at the beginning of the story. As the story progressed, these symptoms tended to decrease. Because these symptoms were experienced by the protagonist and were typically successfully overcome by the end of each story, it was determined that the materials analyzed do not present stigmatizing messages related to these disorders.

Also commonly identified in two materials, *Hoot* and *The Outsiders*, were Substance-Related and Addictive Disorders and Disruptive, Impulse-Control, and Conduct Disorders. These disorders tended to be present in characters other than the protagonist. In *Hoot* it was unpopular characters of low socioeconomic status who displayed these symptoms, and in *The Outsiders*, the character with the most pronounced symptoms of these two disorders completed suicide near the end of the book. Finally, symptoms of Schizophrenia and Other Psychotic Disorders were identified in only one

material, *The Tell-Tale Heart*. These symptoms affected the narrator, who acted out violently due to his symptoms. Because symptoms of these three disorders tended to impact unpopular, low socioeconomic status, and/or violent characters who were not portrayed as making a successful recovery, messages surrounding these disorders were determined to be stigmatizing.

With regard to stigmatizing language, at least one instance of stigmatizing language was found in each of the five materials analyzed, with by far the greatest number of instances identified in *Hoot*. In *Hoot*, several of the instances of stigmatizing language were in reference to a specific character who exhibited symptoms of a mental health disorder. Additionally, in *The Tell-Tale Heart*, stigmatizing language is used five times by the narrator to refer to himself while he is displaying signs of a mental health disorder. *The Outsiders* also includes one instance of stigmatizing language which refers to a character with mental health symptoms. In the remaining instances of stigmatizing language in *The Outsiders* and in the identified instances in *A Wrinkle in Time* and *The Giver*, this language is used in a more general sense and, while still potentially stigmatizing, is not specifically used in reference to a character with mental health symptoms.

Finally, regarding helpful and unhelpful messages about mental health, varied results were found between materials. In two materials, *Hoot* and *The Tell-Tale Heart*, only unhelpful messages were identified. These included messages about associations between mental health symptoms and violence and negative portrayals of mental health treatment. In the remaining materials, both unhelpful and helpful messages were

identified, although more helpful than unhelpful messages were identified in each remaining material. Unhelpful messages included negative portrayals of mental health treatment and negative interactions between the protagonists and significant adults, specifically school staff members and parents, regarding emotional distress.

Helpful messages included positive interactions with significant adults and examples of successfully overcoming emotional distress and mental health symptoms. In *The Outsiders*, a helpful message which was particularly relevant to this study was regarding the protagonist's English class. The protagonist struggles with symptoms after undergoing severe trauma, and his English teacher is not only validating and understanding but encourages him to write about his trauma, an activity which ultimately has a healing effect. Because the purpose of this study is to determine the role of ELA classes related to students' mental health, a helpful message about the role ELA classes can play in helping students struggling with mental health symptoms is especially significant.

Part 2: Quantitative (Survey)

With regard to participants' mental health experiences, the majority of participants reported having personal mental health experience, and nearly all participants reported at least occasionally noting mental health concerns among their students during the past year. The majority of participants also stated that the materials they use in their classes include messages and themes related to mental health, and participants named 101 unique materials. Responses were more variable regarding whether materials with mental health-related messages and themes ever cause students to ask questions or seek help.

Over half of participants said that they have never been aware of this happening. A couple of participants stressed the importance of the rapport they build with their students, rather than the content of their curriculum materials, in creating an environment conducive to such help-seeking.

The majority of participants reported that they are at least somewhat knowledgeable about mental health, although responses varied greatly regarding participants' reported levels of preparedness to deal with student mental health concerns. Participants' responses to questions that assessed their level of concern about various mental health symptoms showed that participants are most concerned about symptoms of psychosis followed by substance use disorders, and least concerned about symptoms of ADHD. Multiple participants reported no concern for symptoms of ADHD. This suggests that participants are either unaware that some symptoms of ADHD are actually mental health symptoms, or that they simply do not find them concerning.

Overall, teachers' attitudes toward individuals with mental illness, as assessed with the Community Attitudes Toward the Mentally Ill (CAMI) scale, were favorable on all three subscales. Average scores on each subscale were very similar to those reported in a recent study which assessed pre-service teachers' attitudes using the CAMI scale (Losinski et al., 2015). In the present study, the sample was fairly demographically homogenous, no statistically significant differences in CAMI scores were found secondary to demographic variables. Some differences were found, however, secondary to mental health knowledge and experience variables.

CAMI scores tended to show less stigmatizing views among participants who reported personal mental health experiences. In their initial development and evaluation of the CAMI instrument, Taylor and Dear (1981) likewise found that individuals with personal mental health experiences tend to have less stigmatizing views than those without these experiences when assessed with the CAMI. Additionally, in the present study, CAMI scores showed less stigmatizing views among participants who reported having a degree in a mental health field and among participants who reported noticing mental health concerns among their students at least monthly.

The less stigmatizing views among participants who most frequently notice mental health concerns in their students suggests that individuals with less stigmatizing views might be more aware of mental health concerns among their students, perhaps due to greater mental health knowledge or experience. With approximately one in five adolescents experiencing symptoms of a serious mental illness (NAMI, n.d.), it is highly likely that mental health concerns are present among students in any given class on a daily or weekly basis. This suggests that teachers who report infrequent occurrences of such concerns are likely not alert to important symptoms in their students.

On an optional open-answer question at the conclusion of the survey, participants expressed concern about students' mental health and the negative impact it has on their ability to teach. They also expressed a need for more training and education about mental health, both for teachers and for students, as well as a need for more resources.

Synthesis of Parts 1 and 2

A synthesis of Parts 1 and 2 of this study reveals interesting results. First, a comparison of the findings from Part 1 to the materials mentioned by teachers in Part 2 reveals that the analyzed materials found to have the most stigmatizing messages and themes were rarely mentioned by teachers. *Hoot* and *The Tell-Tale Heart*, which were both found to include stigmatizing language and no helpful messages, were rarely mentioned by teachers on the survey in Part 2. *Hoot* was not mentioned at all, and *The Tell-Tale Heart* was only mentioned once.

Because teachers were specifically asked to name materials they use which they believe include mental health-related messages, the infrequency with which these two materials were mentioned could be due to one of two reasons. First, it could be because teachers are not aware of the mental health-related messages in these two books, which were found to be overwhelmingly negative. This could mean that participants have trouble identifying stigmatizing mental health-related messages as opposed to positive ones which, as is discussed below, participants frequently identified. Second, it could be because participants choose not to use these books in their classes, possibly because of the stigmatizing language and messages they contain. Further research is necessary to determine the reason behind this interesting finding. If further research reveals that teachers have difficulty identifying stigmatizing messages and language, trainings could be designed to teach them to do this.

In contrast, two materials found to have less stigmatizing and more helpful messages were mentioned much more often by teachers in Part 2. Two potentially helpful

books, *The Giver* and *The Outsiders*, were mentioned three times and nine times, respectively, by teachers on the survey in Part 2. Significant helpful messages about the role of English classes were found in *The Outsiders*, and this book was mentioned far more than any other material in Part 2. This comparison suggests that, overall, materials with helpful and non-stigmatizing messages about mental health are already being used in Central Ohio sixth through eighth grade ELA classes, and most teachers are aware of at least some of these messages. Still, not all participants reported a presence of mental health-related messages in their curriculum materials, although the content analysis in Part 1 identified such messages in all materials analyzed. This suggests that, while most are aware, some teachers may be less aware of these messages.

Part 2 of the study shows that most teachers have both personal and professional experience with mental health concerns and that teachers tend to believe they are at least somewhat knowledgeable about mental health concerns, although many teachers do not feel they have adequate knowledge and preparation to effectively deal with students' mental health concerns. Additionally, a brief assessment of mental health knowledge suggests gaps in teachers' knowledge about mental health symptoms which may impact their students. These gaps include low levels of reported concern for symptoms of ADHD in particular, as well as mood disorders and eating disorders, all of which are common and potentially debilitating mental health disorders impacting young people. Teachers tended to have positive views toward individuals with mental illness, and overall expressed concern about their students' mental health as well as a need for more training and resources.

Limitations

The main limitation for Part 1 of this study, which involved a content analysis of sixth through eighth grade ELA curriculum materials, was the scope. Only five materials were analyzed, and results from Part 2 show that far more than five different materials are regularly used in these classes. Because this study is exploratory in nature, the aim was to explore the presence of mental health-related messages in a few commonly-used materials, not to analyze every material used in these classes. Still, with survey participants in Part 2 identifying 101 unique materials used in their classes, a content analysis with a wider scope could provide even more meaningful data to establish a clear picture of the messages present in this body of materials.

For Part 2, the most significant limitation was the demographic homogeneity of the sample. The majority of participants identified as white, female, having a master's degree, and teaching in a middle to upper class suburban school. While efforts were made to include more rural and urban school districts, many such districts' administrators did not respond to requests to invite teachers to participate. This limited the sample size and the ability to use more sophisticated analyses such as testing test-retest reliability of the main scale used in the study. Likewise, the study is cross-sectional and thus directionality across variables tested cannot be determined. Future studies could include matching reading materials to teaching cohorts so that content analyses can include the actual materials used by the teachers included as participants in the study. Nonetheless, as mentioned above, this study is exploratory in nature, meaning that the sample's lack of representativeness, while limiting, does not invalidate the meaning of the results. This

study is a beginning step in closing the gap where there is a critical need to understand how mental health issues might be conveyed in broadly used ELA materials and the potential attitudes of the teachers who use such materials in public school settings.

Implications

This exploratory study paves the way for future research to determine how sixth through eighth grade ELA classes can be used to improve mental health outcomes in young people. Future research could investigate a variety of areas. One possibility would be surveying students, whose voices were not represented in the present study, about their perceptions of mental health-related messages in ELA materials as well as their overall mental health knowledge and needs.

Another possibility would be intervention research to test the effectiveness of various interventions in the context of these classes. Possible interventions could include structured discussions between teachers and students about mental health themes in materials, the introduction of mental health resources during these classes, or activities to foster rapport-building between teachers and students, which participants in the present study cited as a key factor in prompting students to seek help. Additionally, mental health trainings could be designed with teachers' input, since in their responses in Part 2, teachers expressed many ideas for more effective trainings. Finally, future research could also replicate parts of the present study on a larger scale and/or in different geographic areas to further explore this study's aims and investigate the possible usefulness of suggested interventions in areas outside of Central Ohio.

Conclusion

Materials with positive messages about mental health and help-seeking are already used in numerous sixth through eighth grade ELA classrooms in Central Ohio. Furthermore, many teachers are aware of these messages, and these teachers tend to have non-stigmatizing views toward individuals with mental illness. Teachers are also aware of mental health concerns in their students and recognize that they and their students need more training, education, and resources about mental health in order for students to be successful. These findings suggest that such classes could be ideal settings for future interventions to improve mental health outcomes for young people if teachers are given needed training and resources.

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Appendix A.

Page Number	Language Used
11	“psycho”
67	“psycho”
69	“going bananas”
78	“loony”
84	“out of our minds”
105	“nutty as a fruitcake”
120	“crazy”
149	“wacko”
151	“crazy”
151	“raving loony bird”
169	“crazy”
209	“wacko”
230	“psycho”
239	“dangerous and crazy”
271	“lost his cool and possibly his marbles”
283	“wacko”

Table 23 Stigmatizing Language in *Hoot*

Appendix B.

Table 24 Materials Identified in Survey Responses

Title	Author	Frequency
The Outsiders	S.E. Hinton	9
Wonder	R.J. Palacio	5
Flowers for Algernon	Daniel Keyes	4
Thirteen Reasons Why	Jay Asher	4
Newsela articles	assorted	3
The Giver	Lois Lowry	3
A Monster Calls	Patrick Ness	2
All American Boys	Jason Reynolds	2
Challenger Deep	Neal Shusterman	2
Drums, Girls, and Dangerous Pie	Jordan Sonnenblick	2
Petey	Ben Mikaelson	2
Scholastic Scope articles	assorted	2
Seabiscuit: An American Legend	Laura Hillenbrand	2
Speak	Laurie Halsie Anderson	2
Tears of a Tiger	Sharon Draper	2
The Book Thief	Markus Zusak	2
Touching Spirit Bear	Ben Mikaelson	2
A Child Called It	Dave Pelzer	1
A Smile as Big as a Moon	Mike Kersjes	1
A World Without You	Beth Revis	1
Al Capone Does My Shirts	Gennifer Choldenko	1
All Summer in a Day	Ray Bradbury	1
All the Bright Places	Jennifer Niven	1
Among the Hidden	Margaret Peterson Haddix	1
Auggie and Me	R. J. Palacio	1
Before I Fall	Lauren Oliver	1

Continued

Table 24 Continued

Title	Author	Frequency
Between Shades of Gray	Ruta Sepetys	1
Bronx Masquerade	Nikki Grimes	1
Bruiser	Neal Shusterman	1
Butter	Erin Jade Lange	1
Bystander	James Preller	1
Carlos is Gonna Get It	Kevin Emerson	1
Charles	Shirley Jackson	1
Counting By 7s	Holly Goldberg Sloan	1
Crash	Jerri Spinelli	1
Dumplin'	Julie Murphy	1
Eleven	Sandra Cisneros	1
Every Last Word	Tamara Ireland Stone	1
Feathers	Jacqueline Woodson	1
Fever 1793	Laurie Halsie Anderson	1
Finding Perfect	Elly Swartz	1
Freak the Mighty	Rodman Philbrick	1
Gaijin: American Prisoner of War	Matt Faulkner	1
Get Out of Your Mind and Into Your Life	Stephen Hayes	1
Ghost	Jason Reynolds	1
Harrison Bergeron	Kurt Vonnegut	1
Hatchet	Gary Paulsen	1
Hero	S.L. Rottman	1
Howard Grey	Lee Domann	1
I Am Malala	Malala Yousafzai	1
If I Grow Up	Todd Strasser	1
Joey Pigza Swallowed the Key	Jack Gantos	1
Lord of the Flies	William Golding	1
Mexican White Boy	Matt de la Pena	1
Mindset	Carol Dweck	1
Mockingbird	Kathryn Erskine	1
Night	Elie Weisel	1
No Place	Todd Strasser	1
OCDaniel	Wesley King	1
Out of my Mind	Sharon Draper	1

Continued

Table 24 Continued

Title	Author	Frequency
Out of the Dust	Karen Hesse	1
Paperboy	Vince Vawter	1
Pay it Forward	Catherine Ryan Hyde	1
Peak	Roland Smith	1
Priscilla and the Wimps	Richard Peck	1
Rescue	Josh McGuire	1
Rules to Live By	Jerry White	1
Salt to the Sea	Ruta Sepetys	1
Shakespearean sonnets	William Shakespeare	1
Shark Girl	Kelly Bingham	1
Sleeping Freshmen Never Lie	David Lubar	1
Small as an Elephant	Jennifer Richard Jacobson	1
Sneetches	Dr. Seuss	1
Stargirl	Jerry Spinelli	1
Stranded	Ben Mikaelson	1
The Bitter Side of Sweet	Tara Sullivan	1
The Crossover	Kwame Alexander	1
The Curious Incident of the Dog in the Night-Time	Mark Haddon	1
The Half Life of Molly Pierce	Katrina Leno	1
The Knife of Never Letting Go	Patrick Ness	1
The Last Time We Say Goodbye	Cynthia Hand	1
The Lightning Thief	Rick Riordan	1
The One and Only Ivan	Katherine Applegate	1
The Pigman	Paul Zindel	1
The Revealers	Doug Wilhelm	1
The Running Dream	Wendelin Van Draanen	1
The Someday Birds	Sally J. Pla	1
The Story of an Hour	Kate Chopin	1
The Storyteller	Jodi Picoult	1
The Testing	Joelle Charbonneau	1
The Thing About Jellyfish	Ali Benjamin	1
The Unlikely Hero from Room 13B	Teresa Toten	1

Continued

Table 24 Continued

Title	Author	Frequency
The Yellow Wallpaper	Charlotte Perkins Gilman	1
Thirteen and a Half	Rachel Vail	1
Trash	Andy Mulligan	1
Uglies	Scott Westerfield	1
Ugly	Robert Hoge	1
Unwind	Neal Shusterman	1
Us and Them	David Sedaris	1
We Were Liars	Emily Jenkins	1
Wringer	Jerry Spinelli	1

Appendix C.

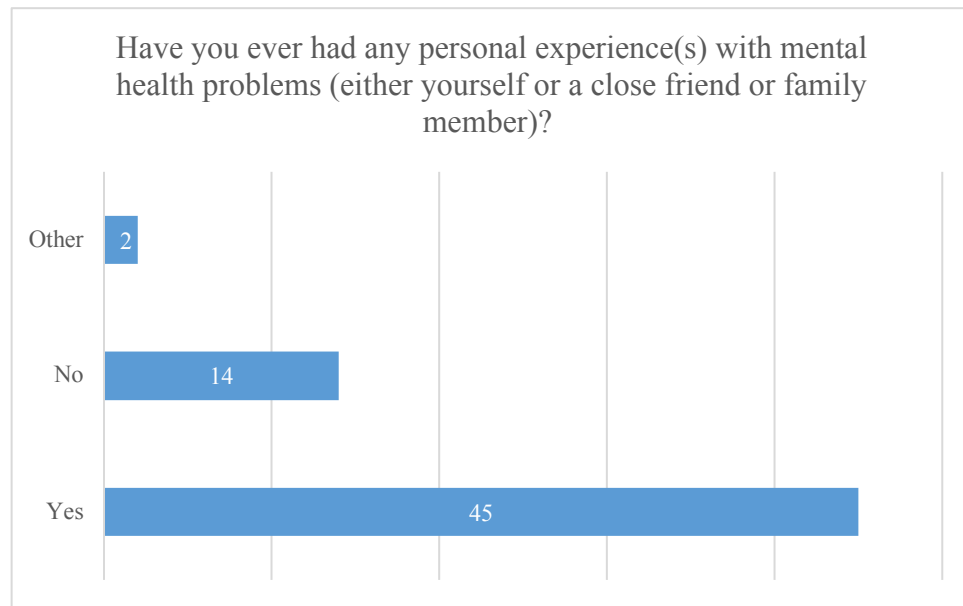


Figure 6 Personal Mental Health Experience

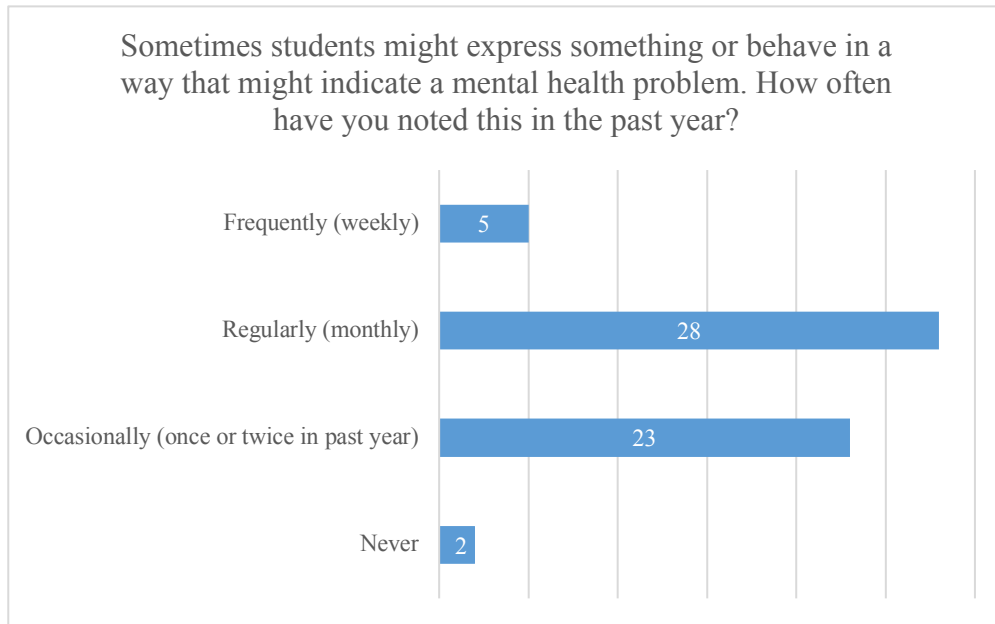


Figure 7 Frequency of Student Mental Health Concerns

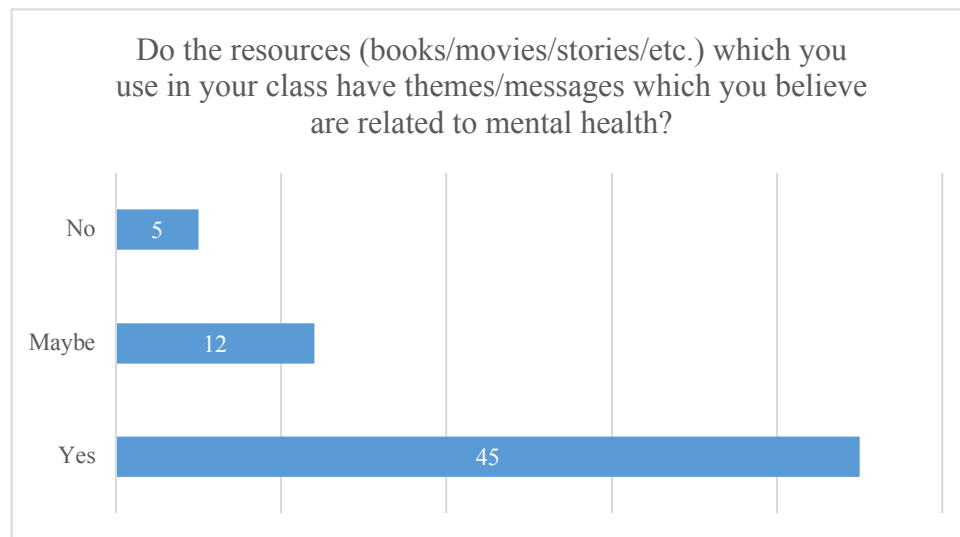


Figure 8 Presence of Messages in Class Resources

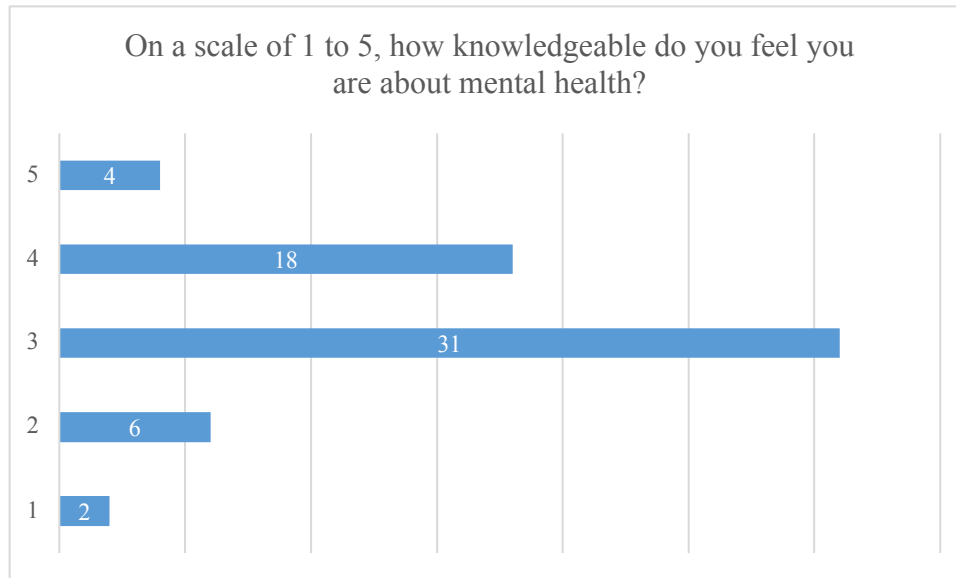


Figure 9 Self-Assessed Mental Health Knowledge

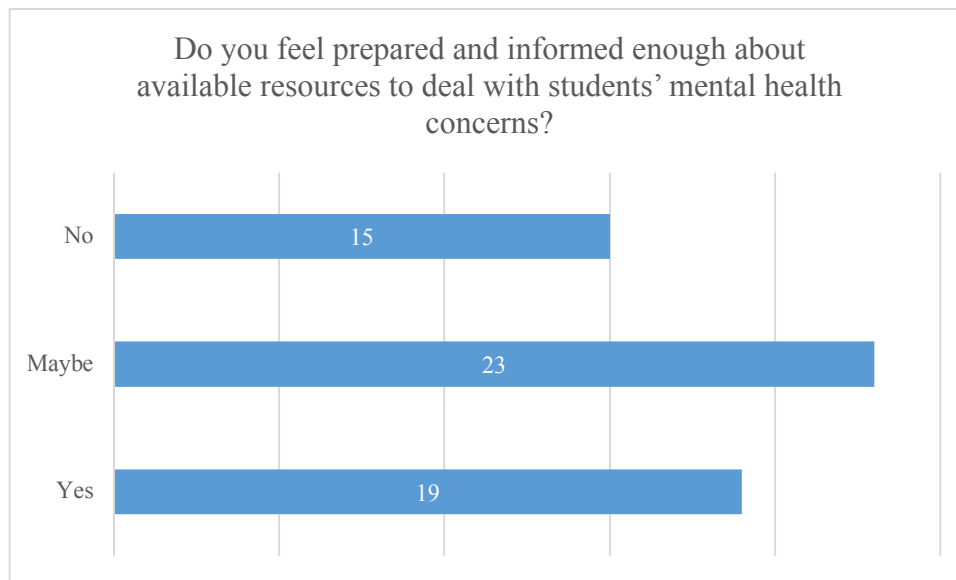


Figure 10 Preparedness for Student Mental Health Concerns